

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		2-8-00
O.I.P.E. CLASSIFIER		15	2-25-00
FORMALITY REVIEW	M.M.	71629	4-6-00
RESPONSE FORMALITY REVIEW	M.M.	71629	6-28-00

INDEX OF CLAIMS

✓ Rejected
○ Allowed
- (Through numeral) Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Best Available Copy

Claim	Date
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If more than 150 claims or 10 actions
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